

Claim Receipts

If you have more than two claim receipts or itemized bills to file with this request for reimbursement, tape the additional receipts anywhere on this page. **Do not staple!**

Tape receipt for prescription 1 here.

Receipts must contain the following information:

- Date prescription filled
- Name and address of pharmacy
- Doctor name or ID number
- NDC number (drug number)
- Name of drug and strength
- Quantity and days' supply
- Prescription number (Rx number)
- DAW (Dispense As Written)
- Amount paid

Tape receipt for prescription 2 here.

When To Use This Form

- Use this form to submit claims under Coordination of Benefit Rules.
- You must complete a **separate** claim form for **each pharmacy** used and for **each patient**.
- You must submit claims within one year of date of purchase or as required by your plan.

Major Medical Plans

You must first submit the claim to the primary insurance carrier. Once the Explanation of Benefits (EOB) is received from the primary carrier, complete this form, tape the original prescription receipts in the spaces provided above, and attach the Explanation of Benefits from the primary insurance carrier.

Prescription Drug Programs or HMO Plans

Retail Pharmacies: If the primary plan is one in which a co-payment or coinsurance is paid at the pharmacy, then no Explanation of Benefits is needed. Just complete this form, and attach the prescription receipt(s) that show the co-payment or coinsurance amount paid at the pharmacy. The receipt(s) will serve as the Explanation of Benefits.

Home Delivery/Mail Service: If the primary plan is home delivery/mail service, complete this form, and attach either the prescription receipts that show the co-payment or coinsurance paid to the home delivery/mail service pharmacy, or the statement of benefits you receive from the home delivery/mail service pharmacy.

Visit us on the Web at **www.medcohealth.com**.

Instructions

Read carefully before completing this form

1. **Be sure your receipts are complete.**
In order for your request to be processed, all receipts must contain the information listed above. Your pharmacist can provide the necessary information if it is not itemized on your claim or bill.
2. The plan member should read the acknowledgement carefully, then sign and date this form.
3. Return the completed form and receipt(s) to:

Medco Health
P.O. Box 2277
Lee's Summit, MO 64063-2277